FORM D



RECEIVED UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 AUG 1 4 2002

FORM D

NOTICE OF SALE OF SECURITIE PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION 118135 OMB Number: 3235-0076 Expires: November 30, 2001 Estimated average burden hours per response ...... 16:00 SEC USE ONLY Serial Prefix DATE RECEIVED

| Name of Offering ( check if this is an amendment and name has character where RIVERS MEET, INC., an Idaho Corporation                           | nged, and indicate chang   | ge.)                                  |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------|--------------------------------------|
| Filing Under (Check box(es) that apply: ⊠ Rule 504 □ Ru Type of Filing: ⊠ New Filing □ Amendment                                                | ule 505 ⊠ Rule 506         | ⊠ Section 4(6)                        | □ ULOE                               |
| A. BASIC IDENTI                                                                                                                                 | FICATION DATA              |                                       |                                      |
| Enter the information requested about the issuer                                                                                                |                            |                                       |                                      |
| Address of Executive Offices (Number and Street, City, State, Zip Code                                                                          | e)                         | Telephone Number (Inc                 | cluding Area Code)                   |
| 410 So. B Street, Grangeville, ID 83530                                                                                                         |                            | 208-983-2454                          |                                      |
| Address of Principal Business Operations (Number and Street, City, Str. (if different from Executive Offices) 410 So. B Street, Grangeville, ID | · • · ·                    | Telephone Number (Inc<br>208-983-2454 | cluding Area Code)                   |
| Brief Description of Business Motion Picture Making, based on a scrip                                                                           | t entitled: "Where Rivers  | s Meet"                               |                                      |
|                                                                                                                                                 |                            |                                       | 7500                                 |
| Type of Business Organization                                                                                                                   |                            |                                       | PRUCESSE                             |
| ☐ corporation ☐ limited partnership, already for                                                                                                | ormed $\square$ other      | r (please specify):                   |                                      |
| □ business trust □ limited partnership, to be form                                                                                              | ned                        |                                       | — 1 AUG 2 0 2002                     |
|                                                                                                                                                 | Month                      | Year                                  |                                      |
| Actual or Estimated Date of Incorporation or Organization:  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. 1)            |                            |                                       | □ Estim <b>∓H</b> OMSON<br>FINANCIAL |
| (CN for Canada; FN for                                                                                                                          | other foreign jurisdiction | 1) ID                                 | THVANCIAL                            |

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## **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with the state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a current valid OMB control number.



## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: □Prom                                            | oter Beneficial Owner          | □Executive Officer  | □Director  | General and/or<br>Managing Partner   |
|----------------------------------------------------------------------------|--------------------------------|---------------------|------------|--------------------------------------|
| Full Name (Last name first, if indivi-                                     | •                              |                     |            |                                      |
| Business or Residence Address (Nu<br>410 So. B Street, Grangeville, ID 83  | ,                              | Zip Code)           | _          |                                      |
| Check Box(es) that Apply: ☑ Pron                                           | noter 🛛 Beneficial Owner       | ☑ Executive Officer | ☑ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if indiv<br>Shira, Patsy                       | idual)                         |                     |            |                                      |
| Business or Residence Address (Nu<br>410 So. B Street, Grangeville, ID 8   | 3530                           |                     |            |                                      |
| Check Box(es) that Apply:   Pron                                           |                                | ☐ Executive Officer | ☑ Director | General and/or<br>Managing Partner   |
| Full Name (Last name first, if indiv<br>Shira, Richard                     |                                |                     |            |                                      |
| Business or Residence Address (Nu<br>410 Cunningham Street, Grangevill     |                                | Zip Code)           |            |                                      |
| Check Box(es) that Apply: Pror                                             | noter 🛛 Beneficial Owner       | ☐ Executive Officer | ☑ Director | General and/or Managing Partner      |
| Full Name (Last name first, if indiv<br>Fehlman, Tami                      | idual)                         |                     |            |                                      |
| Business or Residence Address (Nu<br>329 North West Third Street, Grang    | geville, ID 83530              | Zip Code)           |            |                                      |
| Check Box(es) that Apply:   ⊠ Prom                                         | oter    Beneficial Owner       | ☑ Executive Officer | □ Director | General and/or Managing Partner      |
| Full Name (Last name first, if indiv<br>Shira, William Eugene              | idual)                         |                     |            |                                      |
| Business or Residence Address (Nu<br>410 So. B Street, Grangeville, ID 8   | 3530                           |                     |            |                                      |
| Check Box(es) that Apply: Pron                                             | noter Beneficial Owner         | ☐ Executive Officer | □ Director | General and/or<br>Managing Partner   |
| Full Name (Last name first, if indiv<br>Laufenberg, Shari                  | idual)                         |                     |            |                                      |
| Business or Residence Address (Nu<br>706 So. State Street, Grangeville, Il | D 83530                        |                     |            |                                      |
| Check Box(es) that Apply: ☐ Pro                                            | moter   Beneficial Owner       | ☐ Executive Officer | ☐ Director | General and/or Managing Partner      |
| Full Name (Last name first, if indiv                                       | idual)                         |                     |            |                                      |
| Business or Residence Address (Nu                                          | imber and Street, City, State, | Zip Code)           | ······     |                                      |

| B. INFORMATION ABOUT OFFERING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------|
| 1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering:  Answer also in Appendix, Column 2, if filing under ULOE.                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes           | No<br>⊠ |
| 2. What is the minimum investment that will be accepted from any individual?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$25,         | 000     |
| 3. Does the offering permit joint ownership of a single unit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes<br>⊠      | No<br>□ |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, as commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SE and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed a associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | he<br>C<br>re | None    |
| Full Name (Last name first, if individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |         |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |         |
| Name of Associated Broker or Dealer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |         |
| [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |         |
| [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |         |
| [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WI] [WY] [WY] [PR]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |         |
| Full Name (Last name first, if individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |         |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |         |
| Name of Associated Broker or Dealer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |         |
| (Check "All States" or check individual States)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |         |
| [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |         |
| [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |         |
| [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WI] [WY] [WY] [PR]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |         |
| Full Name (Last name first, if individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |         |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |         |
| Name of Associated Broker or Dealer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |         |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |         |
| (Check "All States" or check individual States)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |         |
| [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |         |
| [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [PA]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |         |
| [R]] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WI] [WY] [WY] [PR]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |         |

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the column below the amounts of the securities offered for exchange and already exchanged.                                                |                             |                                      |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------|
|    | Type of Security                                                                                                                                                                                                                                                                                                                                                                      | Aggregate Offering Price \$ | Amount Already<br>Sold<br>\$         |
|    | Debt Equity                                                                                                                                                                                                                                                                                                                                                                           |                             |                                      |
|    | ☑ Common ☐ Preferred                                                                                                                                                                                                                                                                                                                                                                  | \$ <u>429,000</u>           | \$ 50,000                            |
|    | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                           |                             | •                                    |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                 | \$                          | \$                                   |
|    | Other (Specify)                                                                                                                                                                                                                                                                                                                                                                       | \$                          | \$                                   |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                 | \$                          | \$                                   |
|    | Answer also in Appendix, Column 3, if filing under ULOE                                                                                                                                                                                                                                                                                                                               | \$ <u>429,00</u> 0          | \$ <u>50,000</u>                     |
|    | Answer also in Appendix, Column 3, it timing under OLOE                                                                                                                                                                                                                                                                                                                               |                             |                                      |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |                             |                                      |
|    |                                                                                                                                                                                                                                                                                                                                                                                       | Number<br>Investors         | Aggregate Dollar Amount of Purchases |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                  | 1_                          | \$ 50,000                            |
|    | Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                              | 0                           | \$0-                                 |
|    | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                               | 1                           | \$ 50,000                            |
|    | Answer also in Appendix, Column 4, if filing under ULOE                                                                                                                                                                                                                                                                                                                               |                             |                                      |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.                                                              |                             |                                      |
|    | Type of offering                                                                                                                                                                                                                                                                                                                                                                      | Type of<br>Security         | Dollar Amount<br>Sold                |
|    | Rule 505                                                                                                                                                                                                                                                                                                                                                                              | 0                           | \$                                   |
|    | Regulation A                                                                                                                                                                                                                                                                                                                                                                          | 0                           | \$                                   |
|    | Rule 504                                                                                                                                                                                                                                                                                                                                                                              | 0                           | \$                                   |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                      |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                                      |
|    | Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                 | 🗆                           | \$                                   |
|    | Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                          |                             | \$                                   |
|    | Legal Fees                                                                                                                                                                                                                                                                                                                                                                            | _                           | \$ 7,500                             |
|    | Accounting Fees                                                                                                                                                                                                                                                                                                                                                                       |                             | \$                                   |
|    | Engineering Fees                                                                                                                                                                                                                                                                                                                                                                      |                             |                                      |
|    | Sales Commissions (Specify finder's fees separately)                                                                                                                                                                                                                                                                                                                                  |                             |                                      |
|    | Other Expenses (identify)                                                                                                                                                                                                                                                                                                                                                             |                             | . •                                  |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                 |                             | \$ 7 500                             |

|    | C. OFFERING PRICE, NUM                                                                   | BER OF INVESTORS, EXPENSES                                                                                                                                                                                  | AN              | บ บร      | E OF PRO                                               | JCEEDS                |
|----|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|--------------------------------------------------------|-----------------------|
|    | 1 and total expenses furnished in response to                                            | ate offering price given in response to Part C- Questi<br>o Part C-Question 4.a. This difference is the "adjust                                                                                             | ted             | 8421,5    | 00.00                                                  |                       |
| 5. | for each of the purposes shown. If the amo and check the box to the left of the estimate | oss proceeds to the issuer used or proposed to be us<br>unt for any purpose is not known, furnish an estimate. The total of the payments listed must equal<br>th in response to Part C-Question 4.b. above. | ate             |           |                                                        |                       |
|    |                                                                                          |                                                                                                                                                                                                             |                 |           | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others |
|    | Salaries and fees                                                                        |                                                                                                                                                                                                             |                 | \$        |                                                        | \$ 109,250            |
|    | Purchase of real estate                                                                  |                                                                                                                                                                                                             |                 | \$        |                                                        | \$                    |
|    | Purchase, rental or leasing and installa                                                 | tion of machinery and equipment                                                                                                                                                                             |                 | \$        |                                                        | 35,000                |
|    | Construction or leasing of plant building                                                | ngs and facilities                                                                                                                                                                                          |                 | \$        |                                                        | l \$                  |
|    | Acquisition of other business (including offering that may be used in exchange           | ng the value of securities involved in this                                                                                                                                                                 |                 |           |                                                        |                       |
|    |                                                                                          |                                                                                                                                                                                                             |                 | <b>\$</b> |                                                        | \$                    |
|    | Repayment of indebtedness                                                                |                                                                                                                                                                                                             |                 | \$        |                                                        | J \$                  |
|    | Working capital                                                                          | ***************************************                                                                                                                                                                     |                 | \$        |                                                        | \$                    |
|    | Other (specify) Production Costs S                                                       | \$69,827, Insurance \$5,000, Taxes \$12,573,                                                                                                                                                                |                 | \$        |                                                        | s                     |
|    | Transportation, utilities & phone \$                                                     | 69,050, Post production editing & print \$180,800                                                                                                                                                           |                 |           |                                                        |                       |
|    |                                                                                          |                                                                                                                                                                                                             |                 | <b>\$</b> |                                                        | \$ 277,250            |
|    |                                                                                          |                                                                                                                                                                                                             |                 | <b>\$</b> |                                                        | 3 \$                  |
|    | Total Payments Listed (column to                                                         | tals added)                                                                                                                                                                                                 |                 |           | Σ                                                      | <b>3</b> \$ 421,500   |
|    |                                                                                          |                                                                                                                                                                                                             |                 |           |                                                        |                       |
|    |                                                                                          |                                                                                                                                                                                                             |                 |           |                                                        |                       |
|    |                                                                                          | D. FEDERAL SIGNATURE                                                                                                                                                                                        |                 |           |                                                        |                       |
| si | gnature constitutes an undertaking by the issu                                           | ed by the undersigned duly authorized person. If this er to furnish to the U.S. Securities and Exchange Con-accredited investor pursuant to paragraph (b)(2)                                                | Commis          | ssion, u  | upon written re                                        |                       |
|    | suer (Print or Type)<br>HERE RIVERS MEET, INC.                                           | A A                                                                                                                                                                                                         | Date<br>July 24 | , 2002    |                                                        |                       |
|    | ame of Signer (Print or Type)<br>utsy Shira                                              | Title of Signer (Print or Type) Chairman of the Board, President and Chief Exec                                                                                                                             | cutive (        | Officer   | •                                                      |                       |

|    |                                                                                  | ATTENTION                                                                                                                                       |                          |            |                 |
|----|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|-----------------|
|    | Intentional misstatements or omi                                                 | ssions of fact constitute federal criminal v                                                                                                    | riolations. (See 18 U    | J.S.C. 10  | 01.)            |
| _  |                                                                                  | E. STATE SIGNATURE                                                                                                                              |                          |            |                 |
| 1, |                                                                                  | 252(c), (d), (e) or (f) presently subject to dis                                                                                                |                          | Yes<br>□   | No              |
|    |                                                                                  | See Appendix, Column 5, for state response                                                                                                      | •                        |            |                 |
| 2. | The undersigned issuer hereby undertain on Form D (17 CFR 239.500) at such the   | kes to furnish to any state administrator of a imes as required by law.                                                                         | ny state in which this   | notice is  | filed, a notice |
| 3. | The undersigned issuer hereby underta the issuer to offerees.                    | kes to furnish to the state administrators, up                                                                                                  | on written request, in   | formation  | furnished by    |
| 4. | Limited Offering Exemption (ULOE)                                                | he issuer is familiar with the conditions that<br>of the state in which this notice is filed a<br>urden of establishing that these conditions h | nd understands that      |            |                 |
|    | e issuer has read this notification and kno<br>dersigned duly authorized person. | ws the contents to be true and has duly cause                                                                                                   | ed this notice to be sig | ned on its | behalf by the   |
| Is | suer (Print or Type)                                                             | Signature                                                                                                                                       | Date                     |            |                 |
| M  | there Rivers Meet, Ivr                                                           | Pater Shira                                                                                                                                     | 7/25/                    | 02         |                 |
| N  | ame of Signer (Print or Type)                                                    | Title of Signer (Print or Type)                                                                                                                 | President                | a Ch       | si Lazart       |

#### Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

| 1     |              | 2                                                    | 3                                                                                          |                                      | <del></del>                                                          | 4                                       | ·      |     | 5                                                                                               |  |
|-------|--------------|------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------|-----------------------------------------|--------|-----|-------------------------------------------------------------------------------------------------|--|
|       | invest<br>St | to sell to<br>credited<br>tors in<br>ate<br>-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and<br>amount purchased in State<br>(Part C-Item 2) |                                         |        |     | Disqualification under State ULOE (if yes, attach explanation of waiver granted) Part E-Item 1) |  |
| State | Yes          | No                                                   |                                                                                            | Number of<br>Accredited<br>Investors | Amount                                                               | Number of<br>Nonaccredited<br>Investors | Amount | Yes | No                                                                                              |  |
| AL    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| AK    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| AZ    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| AR    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| CA    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| со    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| CT    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| DE    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| DC    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| FL    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| GA    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| HI    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| ID    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| IL    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| IN    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| IA    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| KS    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| KY    | 1000         |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| LA    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| ME    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| MD    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| MA    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| MI    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| MN    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| MS    |              |                                                      |                                                                                            |                                      |                                                                      |                                         |        |     |                                                                                                 |  |
| мо    |              |                                                      |                                                                                            |                                      |                                                                      |                                         | 1      |     |                                                                                                 |  |

# APPENDIX

| 1     |                         | 2<br>to sell to                        | 3                                                                                          |                                      | 4                        |                                              |        | 5 Disqualification under State ULOE (if yes, attach |                                         |  |
|-------|-------------------------|----------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|----------------------------------------------|--------|-----------------------------------------------------|-----------------------------------------|--|
|       | non-acc<br>invest<br>St | credited<br>tors in<br>ate<br>-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of amount pur (Part | investor and<br>chased in State<br>C-Item 2) |        | att<br>explan<br>waiver<br>Part E                   | ach<br>ation of<br>granted)<br>-Item 1) |  |
| State | Yes                     | No                                     |                                                                                            | Number of<br>Accredited<br>Investors | Amount                   | Number of<br>Nonaccredited<br>Investors      | Amount | Yes                                                 | No                                      |  |
| MT    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| NE    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| NV    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| NH    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| NJ    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| NM    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| NY    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| NC    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| ND    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| ОН    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| ок    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| OR    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| PA    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     | ·                                       |  |
| RI    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| SC    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| SD    |                         |                                        |                                                                                            |                                      |                          |                                              | -      |                                                     |                                         |  |
| TN    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| TX    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| UT    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| VT    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| VA    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| WA    |                         |                                        |                                                                                            |                                      |                          |                                              |        | 1                                                   |                                         |  |
| wv    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| WI    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| WY    |                         |                                        |                                                                                            |                                      |                          |                                              |        |                                                     |                                         |  |
| PR    |                         |                                        |                                                                                            |                                      |                          |                                              | 1      |                                                     | <del> </del>                            |  |